

2791

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 571

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location Yuma General Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 3 days; In Community 3 days; in Arizona 3 days  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Mexico; (b) County Sonora; (c) City or Town San Luis  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_; (e) Citizen of foreign country (yes or No) yes  
If Yes, which country Mexico (f) Social Security No. None

3. (a) FULL NAME Francisca Espinosa Castro

4. Sex female 5. Color or Race Latin Mex. 6. (a) Single, married, widowed or divorced married  
6. (b) Name of husband Rosario Castro 6. (c) Age of husband or wife, if alive 41 yrs.

7. Birthdate of deceased December 26 1911  
(Month) (Day) (Year)

8. AGE: Years 31 Months 14 Days 14 hrs. 14 min. 14  
If less than one day

9. Birthplace Guaymas, Sonora, Mexico  
(City, town or county) (State or Country)

10. Usual Occupation Wife  
11. Industry or Business Home

12. Name Hamon Espinosa  
13. Birthplace Mexico  
(City, town or county) (State or Country)

14. Maiden Name Rosaria Hernandez  
15. Birthplace Mexico  
(City, town or county) (State or Country)

16. (a) Informant's own signature Rosario Castro  
(b) Address San Luis, Sonora Mexico

17. (a) Burial, Cremation or Removal Removal  
(b) Place San Luis, Mexico

18. (a) Embalmer's Signature O. Johnson  
(b) Funeral Director The Johnson Mortuary  
(c) Address Yuma, Arizona

19. (a) January 9 1943  
(Date received local Registrar)  
(b) Mary D. Wufferman  
(Registrar's Signature)

20. (a) January 9 1943  
(Date received local Registrar)  
(b) Mary D. Wufferman  
(Registrar's Signature)

21. (a) January 9 1943  
(Date received local Registrar)  
(b) Mary D. Wufferman  
(Registrar's Signature)

22. (a) January 9 1943  
(Date received local Registrar)  
(b) Mary D. Wufferman  
(Registrar's Signature)

23. (a) January 9 1943  
(Date received local Registrar)  
(b) Mary D. Wufferman  
(Registrar's Signature)

24. (a) January 9 1943  
(Date received local Registrar)  
(b) Mary D. Wufferman  
(Registrar's Signature)

25. (a) January 9 1943  
(Date received local Registrar)  
(b) Mary D. Wufferman  
(Registrar's Signature)

26. (a) January 9 1943  
(Date received local Registrar)  
(b) Mary D. Wufferman  
(Registrar's Signature)

27. (a) January 9 1943  
(Date received local Registrar)  
(b) Mary D. Wufferman  
(Registrar's Signature)

28. (a) January 9 1943  
(Date received local Registrar)  
(b) Mary D. Wufferman  
(Registrar's Signature)

29. (a) January 9 1943  
(Date received local Registrar)  
(b) Mary D. Wufferman  
(Registrar's Signature)

20. DATE OF DEATH (Month, day and year) January 9 1943  
TIME (Hour and minute) 3:00 a.m.

21. I hereby certify that I attended the deceased from Jan 6 1943 to Jan 9 1943  
that I last saw him or her alive on Jan 8 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Allectan's Left Lung  
Due to Chronic Pneumonia  
Due to Influenza

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or Town) (County) (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_

23. Signature Mary D. Wufferman Address Yuma Arizona Date signed Jan 9 1943

24. Signature \_\_\_\_\_ Address \_\_\_\_\_ Date signed \_\_\_\_\_

25. Signature \_\_\_\_\_ Address \_\_\_\_\_ Date signed \_\_\_\_\_

26. Signature \_\_\_\_\_ Address \_\_\_\_\_ Date signed \_\_\_\_\_

27. Signature \_\_\_\_\_ Address \_\_\_\_\_ Date signed \_\_\_\_\_

28. Signature \_\_\_\_\_ Address \_\_\_\_\_ Date signed \_\_\_\_\_

29. Signature \_\_\_\_\_ Address \_\_\_\_\_ Date signed \_\_\_\_\_

30. Signature \_\_\_\_\_ Address \_\_\_\_\_ Date signed \_\_\_\_\_

31. Signature \_\_\_\_\_ Address \_\_\_\_\_ Date signed \_\_\_\_\_

32. Signature \_\_\_\_\_ Address \_\_\_\_\_ Date signed \_\_\_\_\_

33. Signature \_\_\_\_\_ Address \_\_\_\_\_ Date signed \_\_\_\_\_

34. Signature \_\_\_\_\_ Address \_\_\_\_\_ Date signed \_\_\_\_\_

35. Signature \_\_\_\_\_ Address \_\_\_\_\_ Date signed \_\_\_\_\_

36. Signature \_\_\_\_\_ Address \_\_\_\_\_ Date signed \_\_\_\_\_

37. Signature \_\_\_\_\_ Address \_\_\_\_\_ Date signed \_\_\_\_\_

38. Signature \_\_\_\_\_ Address \_\_\_\_\_ Date signed \_\_\_\_\_